

Creative Journeys

The impact of participatory arts on social relationships and reducing loneliness and social isolation for older people in care settings: a scoping review of the literature



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This scoping review was completed in 2017 by Anglia Ruskin University as part of a wider research project conducted by the Essex County Council Culture and Community Engagement Team, Anglia Ruskin University and the Older People’s Research Group Essex, funded by the Arts Council England Research Grants Programme 2016-2018.

Executive summary

Introduction

The UK population is ageing, with the number of people aged over 65 increasing by 1.7 million between 1985 and 2010. In 2011 3.7% of people over 65 were living in communal establishments and 84% of these people described their health as ‘not good’ (ONS, 2013). The National Standards for Care Homes, developed by the Care Quality Commission (2010), specified that care should make a difference to health and well-being. This suggests that in addition to meeting basic physical needs, quality care should treat older people as individuals and enhance their quality of life (Fraser et al., 2014).

Loneliness and social isolation are known to have a negative impact on well-being and quality of life (Windle et al., 2011). Loneliness can be described as the difference between desired and achieved levels of social interaction whereas social isolation is the result of separation from normal social networks; both may be prevalent in care settings. Therefore, developing and maintaining social relationships with the wider community, between peers, and between care staff and those cared for is key to addressing loneliness and social isolation and enhancing well-being for older people in care settings (Victor, 2012).

The importance of building relationships for older people living in care homes has been addressed by a number of authors (for example, Cook & Brown-Wilson, 2010; Roberts & Bowers, 2015). Wilson et al. (2009) researched the personal relationships that develop between residents, staff and family members across three care homes in the UK. They put forward three types of relationships: ‘pragmatic relationships’ that are concerned with the functional aspects of care; ‘personal and responsive relationships’ that consider the specific needs of individual residents; and ‘reciprocal relationships’ that value the contributions of residents, staff and family members in creating a sense of community. These issues are also pertinent for older people living in the community as the support provided through social relationships can be instrumental in maintaining independence, wellbeing and quality of life. The Campaign to End Loneliness (Bolton, 2012) has identified a range of interventions that aim to address loneliness and social isolation for older people predominantly in the community, including social and cultural group interventions and wider community engagement. Pitkala et al. (2009) focused on social group interventions and found that participation in arts activities were beneficial.

In 2012, the Baring Foundation published a report that maps a huge variety of ways in which the arts are used to work in a participatory way with older people in the UK, and the personal and societal benefits of this (Cutler, 2012). In terms of relational benefits, they found improvements to personal and immediate relationships (with family, friends, carers, and staff) and societal or broader relationships (community development and social capital). Despite this, they note a severe lack of support in terms of policy and funding for arts and cultural activities that engage older people.

The National Institute of Health and Care Excellence (NICE, 2013) recommends that older people in residential care have the opportunity to engage in meaningful activities, including social participation and engagement. In addition, the recent health and social care policy guidance for older people aged 65 and over specifically focused on social support - listing singing and creative activities as mechanisms to facilitate this (NICE, 2015). As such, the specific impact on social relationships as a mechanism for building community and enhancing well-being deserves further consideration. This could have important implications for the potential of arts and culture to promote the social inclusion of older people living in care settings, or socially isolated in the community.

Methods

This scoping review of the literature aims to establish the existing evidence for the impact of participatory arts on social and/or caring relationships for older people, in particular with regards to reducing social isolation and loneliness in care and community settings. A scoping review was chosen as the most appropriate way to address this aim, which is broad and exploratory in nature rather than addressing a specific and narrowly-defined question. The review is part of a wider research project conducted by the Essex County Council Culture and Community Engagement Team, Anglia Ruskin University and the Older People's Research Group Essex, funded by the Arts Council England Research Grants Programme 2016-2018.

Searches for published empirical literature were undertaken across five electronic databases: MedLine, CINAHL, AMED, Web of Science and ASSIA. In addition, a search for grey literature was conducted using Google and Google Scholar. Keywords were derived from those used in previous arts reviews

with the modification of keywords for outcomes focusing on social relationships. Table 1 (see page 14) shows the keywords organised into four categories: arts, outcome, people and setting.

The inclusion criteria were as follows: studies using participatory arts with older adults; studies reporting on the social impacts of arts interventions; studies in residential care or community settings. The exclusion criteria were as follows: studies exploring the use of arts/music therapies; studies written in a non-English language; studies not addressing the social impacts of arts interventions.

Findings and conclusions

A total of 60 studies were included in this scoping review, covering a wide range of different arts activities and including participants in a variety of settings and circumstances. The majority of studies took a qualitative approach, 32 in total, while others used quantitative or mixed methods, or were reviews that included both qualitative and quantitative studies. A total of 24 studies were conducted in the UK, 11 in America, 8 in Australia, 6 in Canada, 5 in Sweden, 2 in Ireland, 1 in Spain, 1 in the Netherlands and 2 reviews that included international literature. The majority of studies were peer-reviewed, 52 in total, while 8 were practice-based evaluations or reports from the grey literature. The studies have been themed according to the type of relationships developed, with subthemes relating to art form. Some studies feature in more than one of the main themes where findings were relevant.

The first theme looks at the literature that considers the impact of the arts on cultivating relationships for older people predominantly with their peers, but also with others close to them. The second theme considers the impact of the arts on strengthening social and/or caring relationships between older people and care staff/caregivers. The third theme brings together the literature that addresses the impact of the arts on older people building, engaging with and contributing to the wider community. Table 2 (see page 16) summarises the number of studies under each theme.

The studies included in this review have all in some way identified an impact of participatory arts on the social relationships of older people; whether with peers, between older people and care staff/caregivers, or engaging with the wider community. The volume and vast range of studies suggest

that this impact could have implications for reducing loneliness and social isolation for older people in an increasingly ageing population. A number of key points emerged from the findings:

The arts cultivating social relationships between older people

- The literature in the first theme point towards an underlying process by which participatory arts cultivates social relationships: arts activities create opportunities and a safe space for shared experiences and meaningful interaction; interactions around shared interests and collaboration in arts activities allows deep connections and reciprocal relationships to develop; working together towards shared goals generates a sense of cohesion, commitment, and belonging between peers.

Strengthening social and/or caring relationships between older people and care staff/caregivers

- The literature in the second theme suggests that participatory arts in care settings can promote emotional bonding, shared conversations and experiences, and facilitate a deeper understanding between older people and care staff/caregivers, which allows them to negotiate more equal and reciprocal relationships. It can also bring people together and establish a community of care that values all community members and is relationship-centred.
- The use of participatory arts with older people is also relevant to care staff/caregiver training and development as it can facilitate transformative learning, helping staff to empathise with older people, reflect on their practice and attitudes, and adapt their care accordingly.

Older people building and engaging in the wider community

- The literature in the third theme demonstrates how participatory arts enables older people to make a connection with the community, make a meaningful contribution to the community, and be recognised for that contribution. This helps older people to feel socially connected to and a valued part of the community and can begin to address issues of loneliness and social isolation.
- By developing and maintaining social relationships and engagement with the community, participatory arts can also be seen to generate a vital social network of support - or social capital - that has the potential to assist through challenging life events associated with older age.

Overall key points

- There is a substantial portfolio of programmes and initiatives that are engaging older people in participatory arts and highlighting the positive impact on social relationships.
- Participatory arts can bring all sorts of people together for a common and enjoyable purpose - across generations and cultures and inclusive of older people who are socially isolated or otherwise vulnerable due to frailty, physical/mental health problems including dementia.
- There is a vast range of approaches to participatory arts with older people, including different types of arts activities, different settings across various countries, and different groups and compositions of people, providing a wealth of insight for this exploratory review.
- Participatory arts can present different representations of older people, ageing and life transitions, demonstrating older people's capacity to create and challenging negative age-related stereotypes.
- A vital consideration in using participatory arts to address loneliness and social isolation is how to initially reach and engage with older people who are already extensively socially isolated.
- A number of innovative approaches do exist that tackle issues of how to involve older people with wide-ranging needs and circumstances in participatory arts. For example, the social prescribing of arts activities, local arts festivals that engage many organisations to provide various opportunities, pairing older volunteers trained in arts facilitation with socially isolated rural older people.
- The role of the facilitator was often identified as a fundamental factor in the success of older people's engagement with participatory arts, and the subsequent social benefits.
- Some of the literature made explicit reference to the impact of participatory arts on the social isolation of older people, but there was little mention of loneliness as an issue to be addressed.

The majority of the literature did not take social relationships as their primary focus, but looked at the impact of participatory arts on the health and wellbeing of older people. Nonetheless, given the number of studies included, impact on social relationships is a clear and valued outcome for older people. This scoping review of the literature brings together some of the evidence in this area from across the arts and in both care and community settings. However, in order to build a more robust and comprehensive argument for the impact of participatory arts on the social relationships of older people, more research

is required on the mechanisms that underpin the complex processes indicated by the literature. A critical reflection on how this in turn affects older people's feelings of loneliness and experiences of social isolation would be useful to build the case for increased investment in participatory arts for older people.

1. Introduction

1.1 The importance of social relationships for older people

The UK population is ageing, with the number of people aged over 65 increasing by 1.7 million between 1985 and 2010. In 2011 3.7% of people over 65 were living in communal establishments and 84% of these people described their health as ‘not good’ (ONS, 2013). The National Standards for Care Homes, developed by the Care Quality Commission (2010), specified that care should make a difference to health and well-being. This suggests that in addition to meeting basic physical needs, quality care should treat older people as individuals and enhance their quality of life (Fraser et al., 2014). Loneliness and social isolation are known to have a negative impact on well-being and quality of life (Windle et al., 2011). Loneliness can be described as the difference between desired and achieved levels of social interaction whereas social isolation is the result of separation from normal social networks; both may be prevalent in care settings. Therefore, developing and maintaining social relationships with the wider community, between peers, and between care staff and those cared for is key to addressing loneliness and social isolation and enhancing well-being for older people in care settings (Victor, 2012). Collins (2014) sets out loneliness and social isolation as a common problem for older people due to loss (including retirement and bereavement) and the life transitions that are often experienced during later life. Loneliness and social isolation are linked to negative effects on health and increased use of health and social care services.

The importance of building relationships for older people living in care homes has been addressed by a number of authors (for example, Cook & Brown-Wilson, 2010; Roberts & Bowers, 2015; Wilson et al, 2016). Nolan et al. (2006) discusses the potential of a relationship-centred care approach that recognises the needs and contributions of residents and relatives for enhancing the care environment. They suggest implementing this approach using the ‘Senses Framework’ (Nolan, 1997; Davies et al., 2000; Nolan et al., 2001, 2006; Brown, 2005), which identifies six senses that promote positive experiences for both residents and staff in care settings: a sense of security, a sense of belonging, a sense of continuity, a sense of purpose, a sense of achievement and a sense of significance. The opportunity to build meaningful relationships and feel part of a community is an integral aspect of the Senses Framework.

Wilson et al. (2009) researched the personal relationships that develop between residents, staff and family members across three care homes in the UK. They put forward three types of relationships: ‘pragmatic relationships’ that are concerned with the functional aspects of care; ‘personal and responsive relationships’ that give consideration to the specific needs of individual residents; and ‘reciprocal relationships’ that value the contributions of residents, staff and family members in creating a sense of community within the care home. In facilitating the latter two, the authors discuss the need to create opportunities for regular interaction and sharing stories about the residents, which gives residents and family members a voice as well as enabling staff to personalise their care approach around new information about those cared for. Similarly, Roos and Du Toit (2014) found that effective relationships in an institutional care setting in South Africa were underpinned by stimulating environments that offered opportunities for close interpersonal contact and engagement with fellow residents and care managers. This enabled the perception of other residents as caring and the perception of care managers as friendly and trustworthy. These examples not only examine social relationships within the care context, but also indicate some of the factors that contribute to the development of these relationships.

These issues are also pertinent for older people living in the community as the support provided through social relationships can be instrumental in maintaining independence, wellbeing and quality of life. The Campaign to End Loneliness (Bolton, 2012) has identified a range of interventions that aim to address loneliness and social isolation for older people predominantly in the community, including: information and signposting services, support for individuals, social and cultural group interventions, health promotion and wider community engagement. Pitkala et al. (2009) focused on social group interventions and found that participation in arts activities, group exercise and therapeutic writing enhanced the subjective health of older people, reduced mortality over a two year period, and led to a reduction in their use of healthcare services, compared with a control group.

1.2 The role of participatory arts in social relationships

Participatory arts has long been acknowledged for its impact on health and wellbeing, however its potential for generating social benefits has been gaining momentum. Matarasso (1997) conducted

seminal research into the social impact of participatory arts programmes using a mixed methods approach. This research had a number of influential findings around the benefits of participatory arts on: personal development, as the arts facilitated personal growth in terms of confidence and both practical and social skills that affected other areas of life; social cohesion, by bringing disparate people together and developing networks of understanding and cooperation; community empowerment and self-determination, by building the capacity and solidarity of communities to work towards regeneration and local democracy; local image and identity, by fostering a sense of belonging, pride and transforming perceptions of others; imagination and vision, which allowed people to think more creatively about their lives, values and professional practice; and health and wellbeing, confirming other work that highlights the positive effects of the arts on quality of life. The research considers economic impacts and the implications of these social benefits of participatory arts for social policy objectives, particularly with regards to participation and citizenship. The author states that this raises many more questions and the research should act as a catalyst for further work on the issue. Aspects of this have been picked up by others, for example Habron et al. (2013) claim that community arts projects are collaborative in nature, which may be instrumental in their positive effect on health and wellbeing. Similarly, Reynolds (2010) states that participatory arts offers both the enrichment of the individual as well as the connection to others. Indeed, community or participatory arts activities are often perceived as social activities, which have been connected to the health, wellbeing and quality of life of older people (Murray and Crummet, 2010).

In a strategic paper promoting the use of creative arts and humanities in healthcare services, Coates (2005) reports on the benefits identified by patients, which included reducing isolation and improving communication between patients, carers and staff leading to better relationships. In recent years, the provision of arts and cultural programmes have become more commonplace in care settings, often with the intention of enhancing health and wellbeing. The impact of arts and culture on well-being for older people in a range of care settings is widely acknowledged (Clift et al., 2009; Arts Council England, 2013; Bungay et al., 2014; Fraser et al., 2014). In 2012, the Baring Foundation published a report that maps a huge variety of ways in which the arts are used to work in a participatory way with older people

in the UK, and the personal and societal benefits of this (Cutler, 2012). They suggest that the arts exemplify the ‘five ways to wellbeing’ identified by the New Economics Foundation (2008): to connect, be active, take notice, keep learning, and give. They also highlight the intrinsic value in engaging the talent, experience and enthusiasm of older people in the creative arts and the pursuit of cultural activities, consistently identifying the benefits of feeling valued, creative expression, using skills and engaging with other older people. In terms of relational benefits, they found improvements to personal and immediate relationships (with family, friends, carers, and staff) and societal or broader relationships (community development and social capital). Despite this, they note a severe lack of support in terms of policy and funding for arts and cultural activities that engage older people and the need for future research into the effects of the arts on personal and community relations.

The National Institute of Health and Care Excellence (NICE, 2013) recommends that older people in residential care have the opportunity to engage in meaningful activities, including social participation and engagement. In addition, the recent health and social care policy guidance for older people aged 65 and over specifically focused on social support - listing singing and creative activities as mechanisms to facilitate this (NICE, 2015). As such, the specific impact on social relationships as a mechanism for building community and enhancing well-being deserves further consideration. This could have important implications for the potential of arts and culture to promote the social inclusion of older people living in care settings or socially isolated in the community, who may find it more difficult to develop new social relationships and maintain existing social relationships.

2. Methods

This scoping review of the literature aims to establish the existing evidence for the impact of participatory arts on social and/or caring relationships for older people, in particular with regards to reducing social isolation and loneliness in care and community settings. A scoping review was chosen as the most appropriate way to address this aim, which is broad and exploratory in nature rather than addressing a specific and narrowly-defined question. The review involved a mixed-method synthesis whereby quantitative, mixed-method and qualitative evidence was integrated and interpreted.

The review is part of a wider research project conducted by Essex County Council Culture and Community Engagement Team, Anglia Ruskin University and the Older People's Research Group Essex, funded by the Arts Council England Research Grants Programme 2016-2018. The project involves case studies of different arts interventions in care homes, including baseline and end-point measures, observations, participatory photography, interviews and focus groups, and a survey of all care settings across Essex.

2.1 Terms and definitions

Arts Council England define the arts as “visual and performing art forms, music, dance, theatre and literature” (Arts Council England, 2013, p.13). Arts activities and interventions included in the present review are wide-ranging and participatory in nature. Arts Council England (2010) define participatory arts as the production of an event or experience through collaboration between an artist and the creative energy of a participant.

In addition to professional and strategic interventions, this review also included non-professional arts practice and production that occurs in residential and community settings. This review is not concerned with art/music therapy initiatives, as the therapeutic relationship is generally of primary importance rather than the creation of the art/music itself. This review is interested in the intrinsic value of the arts activities rather than seeing them as a means to an end. Therefore, interventions involving the use of arts therapies where the emphasis is on therapeutic goals rather than the creation of the art form were excluded.

The choice of wide-ranging arts activities and interventions, and the exclusion of arts therapies, was informed by approaches adopted by previous arts reviews conducted in the UK (Staricoff, 2004; Staricoff & Clift, 2011; Wilson, Bungay, Munn-Giddings & Boyce, 2016) and the funder's brief.

2.2 Search strategy

Keywords for the literature search were derived from those used in previous arts reviews (Staricoff, 2004; Staricoff & Clift, 2011; Wilson, Bungay, Munn-Giddings & Boyce, 2016) with the modification of keywords for outcomes focusing on social relationships, where keywords emerged from an initial

search for relevant papers. Table 1 shows the keywords organised into four categories: arts, outcome, people and setting.

Arts	Outcome	People	Setting
Art	Relat*	Old* people	Care setting*
Arts	Social relat*	Old* adults	Care home*
Artistic	Social engagement	Elder*	Day care
Creative	Social interaction	Residents	Residential home*
Creativity	Social connection	Aged	Residential care
Music	Social capital	Ageing	Residential
Singing	Social inclusion	Aging	Nursing home*
Choir	Social ties	Pensioners	Home*
Dance	Bonding	Seniors	Hospice*
Dancing	Friendship	Silver	
Drama	Peer relat*	Geriatrics	
Theatre	Caring relat*	65 and over	
Painting	Social isolation	65+	
Drawing	Loneliness	Care staff	
Photography	Community	Care practitioners	
Film		Carers	
Poetry		Caregivers	
Sculpture			
Boolean 'NOT'			
operating theatre or antiretroviral			

Table 1: Keywords used in literature search

Searches for published empirical literature were undertaken across five electronic databases: MedLine, CINAHL, AMED, Web of Science and ASSIA. In all circumstances, keywords were used to search abstracts except for the Web of Science database, where ‘topics’ were searched in the absence of an option to search abstracts. A total of 345 items were returned from these databases. In addition, a search for grey literature was conducted using Google and Google Scholar with the search terms “arts and social relationships for older people”. Further studies fitting the inclusion criteria were added from relevant citations that were followed up from the literature returned in the searches.

2.3 Inclusion and exclusion criteria

Although the keywords in the settings category specify residential care settings as our focus, an initial assessment of the items returned indicated that a substantial proportion of the literature considered community settings or both care and community settings within the same study. Much of this research demonstrated the potential for participation in arts and cultural activities to generate opportunities for improved social relationships and community building and therefore has pertinent implications for the impact of arts and culture for all older people, including those living in residential care settings. As such, it was decided that literature based in both community and care settings would be included in the findings.

The inclusion criteria were as follows: studies using participatory arts with older adults; studies reporting on the social impacts of arts interventions; studies in residential care or community settings. The exclusion criteria were as follows: studies exploring the use of arts/music therapies; studies written in a non-English language; studies not addressing the social impacts of arts interventions.

3. Findings

A total of 60 studies were included in this scoping review, covering a wide range of different arts activities and including participants in a variety of settings and circumstances. The majority of studies took a qualitative approach, 32 in total, while others used quantitative or mixed methods, or were reviews that included both qualitative and quantitative studies. A total of 24 studies were conducted in the UK, 11 in America, 8 in Australia, 6 in Canada, 5 in Sweden, 2 in Ireland, 1 in Spain, 1 in the

Netherlands and 2 reviews that included international literature. The majority of studies were peer-reviewed, 52 in total, while 8 were practice-based evaluations or reports from the grey literature. The studies have been themed according to the type of relationships developed, with subthemes relating to art form. Some studies feature in more than one of the main themes where findings were relevant.

The first theme looks at the literature that considers the impact of the arts on cultivating relationships for older people predominantly with their peers, but also with others close to them. A total of 30 studies were included within this theme: 16 focused on music-based activities, 9 on theatre and dance activities, 3 on creative and visual arts, and 2 looked at various arts activities. The second theme builds on the first by including literature that considers the impact of the arts on strengthening social and/or caring relationships between older people and care staff/caregivers. A total of 22 studies were included within this theme: 8 focused on music-based activities, 8 on theatre and dance activities, 3 on creative and visual arts, 1 looked at various activities, and 2 looked at training for care staff. The third theme brings together the literature that addresses the impact of the arts on older people building, engaging with and contributing to the wider community. A total of 24 studies were included within this theme: 10 focused on music-based activities, 5 on theatre and dance activities, 1 on creative and visual arts, and 8 looked at various activities. Table 2 provides a summary of this information.

Theme and sub-theme	Total number of studies
<i>The arts cultivating social relationships between older people</i>	
Music-based activities	16
Theatre and dance activities	9
Creative and visual arts	3
Various arts activities	2
<i>Strengthening social and/or caring relationships between older people and care staff/caregivers</i>	
Music-based activities	8

Theatre and dance activities	8
Creative and visual arts	3
Various arts activities	1
Training for care staff	2
<i>Older people building and engaging in the wider community</i>	
Music-based activities	11
Theatre and dance activities	5
Creative and visual arts	1
Various arts activities	8

Table 2: Number of studies under each theme

3.1 The arts cultivating social relationships between older people

The first theme considers literature that explores the ways in which participatory arts have helped to cultivate social relationships between older people and their peers. This is evident in both care and community settings and has important implications for addressing the loneliness and social isolation facing many older people in society today.

3.1.1 Music-based activities

Several studies identified in the literature search reported on the influence of participatory singing and choirs for cultivating social relationships for older people, both in community and care settings. An earlier study from Wise et al. (1992) evaluated the benefits of a retirement village community choir using a survey (with quantitative measures and open-ended questions) completed by 49 out of 52 members. Respondents cited the social benefits of the group, stating that they liked associating with the members of the choral group, and that the singing bound them together. The authors postulated that choral music requires a milieu in which participants give up their individual behavioural agendas to reach for a group goal. This group solidarity was also evident in Lally's (2009) report on the 'Sweet Tonic' programme, a singing-based participatory arts initiative comprising a 30 week series of music workshops with a vocalist and teacher, culminating in a concert showcasing the achievements of the

participants. The 26 participants who completed the programme were self-identified seniors aged 51 to 83 from Sydney, Australia (none of whom were frail or mentally impaired). A qualitative evaluation, involving observation, interviews, focus groups and questionnaires, revealed that the programme had demonstrable positive social outcomes for the majority of participants who responded to the questionnaire. The participants enjoyed socialising with others in the group and felt supported by the group, with a sense of group solidarity evolving throughout the programme.

Hillman (2002) outlines an evaluation of a community arts project (a choral group) in Scotland called 'Call That Singing?' A survey was sent out to 100 members of UK retirement age at the time (females over 60 and males over 65) and 79 questionnaires were returned and useable for analysis (the average age of participants was 63.5 years). Participants rated their perceptions of their health and wellbeing before and after joining the choral group, and improvements were noted in benefits related to social life (although this was not statistically significant). Free text responses also indicated improvements to the social life of participants as a result of the group. Additionally, Solé et al. (2010) studied a sample of 83 older adults aged 65 and over, who took part in either a recreational choir group, a music appreciation group, or music therapy sessions in Spain. A researcher-developed (and non-validated) questionnaire was used to evaluate the impact of the different music groups. The evaluation comprised a pre- and post-test quasi-experimental design without a control group, with 83 participants. The participants pointed out that the participation in these music programmes had contributed to making new friends.

The book chapter 'Songwriting and transcending institutional boundaries in the nursing home' written by Allison (2008) describes researcher observations at a 430-bed Jewish nursing home (presumed to be in America as the author is based in America, but this isn't specified). The home has 60 hours of music and arts activities scheduled each week, with music activities including concerts given by and for residents, chorus rehearsals, visiting musicians, and sing-alongs. They also have song-writing groups facilitated by a composer, with 30-40 participants with an average age of 87. The author presents various case studies of the song-writing groups. In one case study the author explains that the group of residents had not interacted outside of the group but during the group they interacted and worked collaboratively. Therefore, residents who otherwise ignored each other were suddenly engaging with one another.

Across the case studies the author reports that the groups fostered feelings of community and togetherness and created a sense of neighbourhood.

Social engagement of older people was the focus of Cohen et al.'s (2006) study on the effects of community-based cultural programmes on the physical and mental health and social activities of older people in Washington, America. They used questionnaires and self-reported measures with 166 older people assigned either to a choral group (90) or a control group (76). Amongst impacts on their physical and mental health, participants involved in the choral group were more able to initiate new close relationships with others in the group and there was also a trend towards increased levels of social activity, compared with those in the control group. In turn, loneliness decreased more so in the choral group. Building on this work, Skingley and Bungay (2010) used qualitative interviews with 17 older people to explore their experiences of participating in a community-based singing programme, 'Silver Song Clubs'. Experiences included increased social interaction and improved social wellbeing, which is linked with overcoming the effects of loneliness and social exclusion. Indeed, some participants saw these social outcomes as their primary motive for participating in the club. The authors recommend that community nurses working with older people should consider the social prescribing of collective arts activities to promote social inclusion. In a similar vein, Davidson et al. (2014) used mixed methodology to evaluate the impact of a singing programme on 36 older people living in the community in Australia. Despite little effect on their health and wellbeing seen in standardised measures, qualitative interviews revealed various benefits. These included socio-musical outcomes such as becoming a member of a group and participating in a new kind of social contact with others in the group. The participants emphasised that the facilitator of the programme was key to its success, not only in terms of musical skills but also social leadership, which has implications for how and by whom arts activities are delivered. In addition, the authors highlighted some of the practical and logistical issues affecting older people's participation including the need for support to facilitate the initial engagement of socially isolated older people in arts activities.

Turning to the role of music-making in promoting social relationships for older people, Hays and Minichiello (2005a) researched the contribution of music to older people's quality of life. They

conducted two focus groups followed by 38 in-depth interviews with people aged 60 and over living in the community in Australia. The social aspect of sharing music was a prominent theme and participants talked about the ways in which music brought people together and helped people to connect and develop friendships. Specifically, the authors conclude that music can help to lessen feelings of social isolation and loneliness, therefore improving quality of life. Similarly, Hays and Minichiello (2005b) researched the personal meaning of music for older people living in the community in Australia. Through in-depth qualitative interviews with 52 people aged 60 and over, they explore how music is related to identity, self-expression and personal well-being. They found that playing an instrument could be a way of expressing one's self to others and was often used by older people to convey feelings and emotions to others. For some music was an essential way of communicating with others who had lost the ability to communicate through language, and facilitated forms of communication and feelings of connection within relationships. Musical networks provided people with the experience of feeling accepted, valued, needed and belonging, and music provided interaction with others; offering opportunities for people to connect at a personal level and influenced the development, maintenance and communication within relationships.

This sense of belonging was also identified by Pike (2011), who investigated the engagement of senior citizens aged 65 to 95 in weekly group piano classes at an American University, that used state-of-the-art digital piano labs employing MIDI technology. An eight year longitudinal qualitative case study of 35 participants revealed a number of broad themes, one of which identified peer support as a valuable outcome; students felt a sense of belonging within their peer group of pianists. Providing further insight into group dynamics of participatory music, Coffman and Adamek (1999) conducted a survey with open and closed questions with members of a volunteer wind band for retired senior citizens aged 55 and over in America. The band meets twice weekly for ten months of the year, providing small and large group performance experiences. 10% cited social relationships as a motivation for joining the band while 35% cited social interaction as a benefit of participating. 90% reported that the band moderately or very much influenced the development of friendships, 86% reported that the band moderately or very

much influenced socialising with others, and 61% said it influenced helping and encouraging others moderately or very much.

Delving deeper into the underlying mechanisms through which music benefits older people, one study compared participation in musical activities with participation in other activities, such as languages and yoga (Hallam et al., 2012; Creech et al., 2013a; Varvarigou et al., 2012). Although these other activities included arts and crafts, which may also have had benefits relevant to this review, the findings specific to music making still point towards the substantial benefits of music as a particular art form. In addition to emotional, cognitive and health benefits, qualitative data showed that participating in musical activities offered opportunities to socialise and develop deep connections with others in the group, leading to a sense of belonging (Hallam et al., 2012). Quantitative data found that music making facilitated a greater sense of purpose, autonomy and control, and social affirmation (Creech et al., 2013a). The social affirmation element occurred through the opportunities created for social interaction and the development of positive social relationships between older people; the giving and receiving of peer support that bolsters competence; and the performance of music that allows accomplishments to be recognised by others. By creating opportunities for social interaction, peer support and recognition from others, participation in music could begin to break through social isolation and loneliness, implications which may extend to other arts activities, settings and circumstances.

One study under this theme considered the social outcomes of participating in musical activities specifically for older people with dementia. Sixsmith and Gibson (2007) explored this through qualitative interviews with older people with dementia and their carers in their own homes or in residential care (total 26), about the value of musical activities in their everyday lives. Music was considered an important driver of social contact and social cohesion as it provided the opportunity to interact with others in a meaningful way. For example, music often evoked memories of past experiences which could be shared to form the basis of conversation or encouraged further participation with other people with dementia. However, challenges and barriers to participating were noted as many of the participants - particularly those in residential care settings - were dependent on others to access music.

3.1.2 Theatre and dance activities

Participatory theatre and drama are also documented in the literature for their potential to develop social relationships between older people with or without dementia in both community and care settings. For example, Savin-Baden et al. (2013) found an important role for participatory drama in developing relationships for older people in their evaluation of the Creative Gymnasium project delivered by the Belgrade Theatre, Coventry (not peer-reviewed). Drama and arts activities were provided to people aged 50 plus in community and residential settings. Qualitative data showed that participants developed a new and broad set of relationships including with peers and family members. The peer group showed a commitment to and reliance on one another, which led to friendships, support and a sense of community cohesion. Furthermore, the Arts and Humanities Research Council-funded critical review by Rickett and Bernard (2014) focused on the cultural value older people derive from their involvement in theatre and drama. The review used a broad searching strategy to identify 77 publications (not all peer-reviewed) that were collated into three main themes: the impact on health and wellbeing; group relationships; and learning and creativity. A significant proportion of the included literature focused on the role of drama in enhancing or transforming group relationships. This element related particularly to four types of drama project: those that bring generations together; those that bring people from different racial and cultural backgrounds together; those that focus on relationships between older people in residential care and their carers and families; and those that focus on the relationship between people with dementia, their families and health and social care professionals. These projects offered value by enabling people to exchange stories and experiences and develop positive views of themselves and others. This increased trust, communication and understanding, and produced a sense of togetherness. Dramatic role-play and devising were particularly effective in producing a safe space for expressing and challenging age related stereotypes, finding commonalities and accepting differences. The authors note that these types of project often involved marginalised older people and therefore also helped to combat social exclusion. However, they also state that more research is needed to explore the specific processes through which theatre and drama encourage this kind of reflection, empathy and transformation, both for participants and audience members. The authors also draw attention to how drama participation offers the opportunity to develop new friendships (both intra-generationally and in

intergenerational and intercultural groups) or enhance existing relationships through improved understanding and empathy, which was seen to be particularly successful in residential care or dementia settings.

The London Centre for Dementia Care (2009) reported on a non-peer-reviewed evaluation of an interactive theatre residency by arts organisation 'Ladder to the Moon' at a 20-bedded care home in London. They found that professional actors going into the home in character and acting out a simple storyline and engaging the residents and staff in the storyline over two weeks, led to increased interaction between residents by providing a joint experience which facilitated conversations. Key themes from the evaluation included increased relationships/social connections/communication; with contact between residents increasing and the frequency of these contacts increasing. Similarly, Harries' (2013) report (not peer-reviewed) evaluated 'Storybox', a participatory and participant-led theatre and arts-based intervention in Manchester which incorporates drama and story-telling with singing, poetry and crafts and takes place with people with dementia in residential, clinical and day care settings. Data was collected in various ways in the evaluation: artist's diaries/reflections; artist's observations, interviews with carers and participants (conducted by the artist), self-completed feedback forms; creative outputs of participants, and photographs taken by a professional photographer. However, given the data was collected by the artist who facilitated the theatre sessions, there may be some bias inherent in the findings. Nonetheless, the authors report that the programme had a positive impact on relationships between older people through enjoyment of each other's company, a higher level of interaction, a sense of togetherness, people getting to know each other, a sense of empathy and a sense of community, allowing older people to rediscover a social life.

Another programme identified in the literature is 'TimeSlips'; an American arts in healthcare programme developed in the 1990s that uses innovative storytelling methods to engage, encourage and inspire creativity for older people with dementia. TimeSlips allows people with dementia to express themselves through stories using their imagination, rather than relying on memory and reminiscence. Qualitative research into the TimeSlips approach has been conducted by George and Houser (2014)

who found that the creative storytelling nurtured relationships between residents, bringing people together for a meaningful, relationship-centred activity.

In a non-peer reviewed report, Vella-Burrows and Wilson consider the impact of two dance programmes on the quality of life and wellbeing of older people with dementia. Delivered by Green Candle Dance Company, 'Remember to Dance in the Community' consisted of weekly dance sessions in a community arts centre attended by 15-22 people with dementia along with some family carers/support workers, while 'Remember to Dance in Hospital' held dance sessions twice a week in an acute assessment unit for 7-12 patients with dementia along with one or two staff or family members. A total of 37 people across the two programmes participated in mixed methods case studies, including questionnaire measures, observations, interviews and focus group discussions. Amongst other findings, the studies showed that although there was a withdrawal from verbal communication over time (which was expected due to the focus on dance movement and the layout of the group in a large circle that was only conducive to verbal communication between neighbours), there was a rise in non-verbal communication across each observed session, indicating an increase in confidence or ease of engagement with each other. The authors suggest that these findings may indicate stronger social relationships, which was supported by qualitative data. They conclude that the dance programme meets the NICE (2015) recommendation for providing group-based creative activities to improve the independence and mental wellbeing of older people.

Incorporating theatre with dance, Bicknell (2014) considers past research and primary experiential data from the 'Body of Knowledge' project conducted in 2012 to demonstrate how participatory dance-theatre enables unique and meaningful interaction between older people. The approach is identified as distinct from other art forms in that it allows people to experience physical contact with others in the safe and appropriate context of dance. This human touch is particularly significant for many older people who live alone or in residential care settings and may rarely experience physical contact beyond care procedures. In addition, participatory dance-theatre provides the opportunity for older people to work together towards a shared endeavour that allows for friendships to develop during rehearsal periods. However, Bicknell (2014) emphasises the importance of building a legacy for lasting

friendships by encouraging and enabling people to stay in touch after the project has finished so that friendships can continue. Lepp et al. (2003) also conducted a qualitative evaluation of a cultural drama program which incorporated dance along with rhythm, song, and storytelling. This program was designed for people with dementia and their caregivers, and was implemented at a care home in Sweden with 12 dementia sufferers (aged 73-95) and seven caregivers (nursing assistants). Two groups (one focused on drama and one focused on storytelling) participated in six sessions over two months. A focus group with the participating caregivers revealed that the programme led to a developed fellowship (sharing of joy and sadness; feelings of group belonging) and greater communication between older people. Guzmán-García et al. (2013) also consider the impact of dancing in their systematic review of the literature, with a specific focus on older people with dementia living in care homes. They found a range of different interventions including therapeutic approaches, social dancing and dance-based exercise. The majority of studies found dancing increased social interaction and communication between residents as they had the opportunity to share the enjoyment of dance (for example, Hokkenan et al., 2003, 2008; Palo-Bengtsson and Ekman, 1997, 2002; Palo-Bengtsson et al., 1998; Duignan et al., 2009; Guzmán-García et al., 2012). However, they caution that more research is needed to further interrogate the impact of dancing in this context in order to promote positive relationships and facilitate more effective and enjoyable social care experiences.

3.1.3 Creative and visual arts

Four studies focused on how participating in creative and visual arts can help to cultivate social relationships for older people. MacLeod et al. (2016) used a participatory arts-based approach to explore a programme of expressive arts that aimed to tackle social isolation of older people in rural Ontario, Canada. Eight older volunteers (unintentionally all female) were trained in expressive arts and communication techniques and paired with socially isolated older people, who they visited to conduct in-home individual arts activities over ten sessions. Text and audio logs, as well as the artwork created, was subject to thematic and narrative-based analysis. By establishing a trusting and safe space during these sessions, the pairs developed relationships based on reciprocity and the co-creation of artwork and although some challenges in defining relationship boundaries were reported, in general both older

volunteers and socially isolated older people greatly valued the relationship. Personal development and opportunities to create and express meaning were also identified as prominent themes. The authors suggest that the social aspects, sense of control and opportunities for meaningful expression through engaging in creativity underpin the relationship between the arts and positive health outcomes for older people. They conclude that facilitating the use of arts by volunteers when working with older people would enhance health and social care responses to an ageing population. Another paper by Greer et al. (2013) comprised a mixed methods evaluation with 11 participants taking part in beginner and intermediate professionally taught painting classes for senior citizens in America. Participants reported increased social engagement and interactions, a sense of belonging, formations of new relationships, and altered family relationships as participants and their family members took pride in the artwork produced and conversations between parents and children took on new dimensions. Three of the participants found that their art helped reinforce family relationships. Furthermore, Roe et al. (2014) conducted observations and interviews with 17 older people, 10 care staff, one relative and four museum and gallery staff members in order to evaluate the 'Coffee, Cake & Culture', which involved care staff visiting an art gallery and museum with the older people they care for in a home or supported living facility programme. Not only were these trips enjoyable at the time, but they also helped to develop friendships between residents.

3.1.4 Various arts activities

Toepoel (2013) explored the relationship between various leisure activities and the social status of Dutch elderly people (compared with other age groups) using quantitative measures and analysis. They found that for all age groups (including elderly people) hobbies such as playing a musical instrument, singing, and handicrafts, was the best predictor for social gatherings and one of the most important predictors for the number of close relationships an individual has. Additionally cultural activities and hobbies were the best predictors of satisfaction with social contacts for older age groups.

Finally, O'Morain and Leahy (2007) reviewed the 'Arts in Care Programme' developed by Age & Opportunity in Dublin, which trained care staff in arts delivery and facilitation rather than relying on professional artists. The accredited training for care staff aimed to increase the sustainability of arts

provision without the need for additional funding, whilst also helping it to become intrinsic to care and part of the existing relationships within the care setting. “Training staff created an opportunity, not only to offer an extra dimension to the life of residents, but also to contribute to a culture of creativity throughout the entire care centre” (p.8). For older people, benefits included increased communication and involvement with other residents and deepened relationships, which was particularly important for those who had previously been withdrawn or who have communication difficulties due to acquired disabilities or other health problems. It also led to staff organising social events for residents.

3.2 Strengthening social and/or caring relationships between older people and care staff/caregivers

The literature in the second theme considers participatory arts interventions in care settings that not only help to facilitate social relationships between the older people living in those care settings, but also have an impact on the social relationships between older people and care staff. This can help older people living in care settings to feel less socially isolated and lonely, but may also strengthen caring relationships as care procedures are intertwined with social experiences.

3.2.1 Music-based activities

A number of studies by Götell et al. (2002; 2003; 2009) report on findings from a qualitative content analysis of video recordings from an intervention with nine participants and their caregivers in a special care unit in Sweden for people with dementia. The intervention consisted of three sessions in one of three conditions during morning care routines: usual routine (control); routine with recorded music playing in the background (according to resident preferences); and routine with the caregiver singing with the patient. In the first analysis, Götell et al. (2002) found that in the absence of music, caregivers spent much of their time verbally narrating their activities to residents with dementia, whereas caregiver singing led to an increase in cooperation by the residents with dementia, which made them easier to care for. In the second analysis, Götell et al. (2003) looked at posture, body movement and sensory awareness. In the absence of music, the residents with dementia showed slumped posture, sluggish motion, listlessness, minimal awareness of both egocentric space and the physical environment, and a poor ability to perform grooming activities to completion. During caregiver singing, they showed

straightened posture, stronger and more symmetric movements, and a greatly increased awareness of themselves and their environment. Additionally, they appeared to regain skills for daily living and could perform tasks with intention, purpose, and competence. Caregivers showed a more relaxed body posture during their work. In the third analysis, Götell et al. (2009) found that when music played in the background during the morning care session, emotions and moods were altered compared to the usual session. The music seemed to relieve the caregiver of the responsibility of expending so much of her own energy to elicit behaviours and create pleasant moods as the music seemed to do some of that work itself. The residents sounded more aroused and vitalised compared to usual care. Both caregivers and residents spoke with warmer and more sonorous voices. While the caregivers usually initiated the dialogue, the communication much more resembled two equal persons conversing, and the residents expressed an intensified ability to talk compared to the usual morning care sessions. With an overall increase in reciprocity; they interacted more as two active partners. Caregiver singing seemed to alter the characteristics of the emotions and moods of the interaction between caregivers and residents compared to the two other types of sessions. There was a sense of mutual vitality, but compared to the light-heartedness of the interaction with background music playing, the dynamic with singing was characterized by a sense of sincerity, openness, intimacy, and even vulnerability. The residents seemed to listen attentively and express delight, sincerity, and wonder. When they spoke, their voices sounded relaxed and calm. Caregiver singing seemed to enhance their awareness of what was going on, and the cooperation flowed. Overall music greatly improved the communication process, making it more mutual.

Sixsmith and Gibson (2007) echo the findings of Götell et al. (2000) in suggesting that “when used effectively, music-based activities involving care-givers provide an important emotional bonding experience, and have positive impacts on care, social relationships and quality of life” (p.141). Sixsmith and Gibson (2007) explored the value of musical activities in the everyday lives of older people with dementia, and found that music often evoked memories of past experiences which could be shared to form the basis of conversation or encouraged further participation not only between older people themselves, but also between older people and their carers. The benefits generated for both older people

and those they engage indicates the potential for musical activities to influence caring relationships and community building. Furthermore, Clements-Cortés (2013; 2014; 2015) considered the health, social connection and care benefits of the ‘Buddy’s Glee Club’ intervention in Canada, which involves older people with or without dementia in 16 weeks of choral singing with caregivers or significant others in day care centres and long-term care facilities. Pre- and post-intervention assessments, observations and interviews were conducted with 14 older people, 14 caregivers and significant others, and 7 facilitators and volunteers from the choral programme. Friendship and companionship was reported as one of five major themes (Clements-Cortés, 2013) as well as maximising participation and facilitating interaction and bonding (Clements-Cortés, 2015). The singing brought people together, provided natural and spontaneous opportunities for interaction and built a sense of community not just between residents but also with care staff, relatives and other visitors.

One study explored the role of a music intervention in the home on informal caregiver/cared-for relationships. In a pilot study by Baker, Grocke and Pachana (2012), ageing couples where one person has dementia and the other is a caregiver participated in musical activities in their own homes. Four of the five caregiving spouses reported that the music intervention enhanced the quality of the time they spent with their partner who had dementia. Music offered a space for shared experience, intimacy and reminiscence. Three of the caregiving spouses also indicated increased reciprocity in their relationships. This element of reciprocity may also be important for spousal, social and caregiving relationships for older people without dementia, as demonstrated in other literature (for example Reynolds, 2010).

3.2.2 Theatre and dance activities

Lepp et al. (2003), who conducted a qualitative evaluation of a cultural drama program (with dance, rhythm, song, and storytelling) designed for people with dementia and their caregivers, found that the programme led to a developed fellowship (sharing of joy and sadness; feelings of group belonging) and greater communication between older people and their caregivers. A more comprehensive insight into this impact comes from the aforementioned report by the London Centre for Dementia Care (2009), who evaluated an interactive theatre residency at a 20-bedded care home in London. The programme led to increased interaction not only between residents but also between residents and care staff as it

provided a joint experience which facilitated conversations. Key themes emerging from the qualitative evaluation were that of an increased sense of community drawing residents and staff together, facilitating the development of new relationships; and increased relationships/social connections/communication. The residency provided opportunities for staff to step out of their normal role of caregivers and become participants, dancers and friends; staff engaged with residents in a playful way and shared joy with the residents. The interactive nature of the performances enabled staff and residents to build more equal relationships. Similarly, Harries' (2013) aforementioned report which evaluated a participatory and participant-led theatre and arts-based intervention with people with dementia in residential, clinical and day care settings, found that the participant-led nature had considerable effects on the relationships between artists, participants and carers through the nature of collaboration and also the way in which power dynamics were challenged. This had particular significance in care settings where people with dementia are often solely placed in the role of recipient of care whereas in the sessions the typical carer-cared for roles were challenged, which allowed staff to recognise people with dementia as having something to contribute. The programme had a positive impact on relationships between older people as well as between older people and carers through enjoyment of each other's company, a higher level of interaction, a sense of togetherness, people getting to know each other, a sense of empathy and a sense of community, allowing older people to rediscover a social life. Relationships with family members were also promoted as the older people had stories to tell their families and families were invited along to the final workshop.

Storytelling was also present in a number of studies reporting on the impact of TimeSlips, an American arts in healthcare programme described earlier in the review. Sierpina and Cole (2004) discuss the value of a number of life story interventions including TimeSlips as well as writing stories, sharing groups and visual storyboards in the community, in residential settings, in adult day care and in home care. Amongst other benefits, the activities initiated conversation and allowed caregivers, visitors and others to see the older people in a new light. This led to improved job satisfaction among staff, increased positive interactions and even improved family relationships for the older people; the authors suggest that these approaches have the potential to address unmet personal and societal needs and improve

quality of life for both older people and their carers. Fritsch et al. (2009) found that group storytelling increased the number of interactions and the level of engagement in those interactions between older people with dementia and care staff in nursing home facilities. Quantitative methodology indicated that staff developed more positive attitudes towards residents than those in a control condition, which influenced the frequency, type and quality of interactions: for example, staff were more likely to make eye contact and touch residents during social interactions and not only for care-related actions (e.g. helping a resident out of a chair). Qualitative research into the TimeSlips approach has also been conducted more recently by George and Houser (2014). The effect on care staff was particularly significant as they developed a deeper understanding of their residents and how they could be engaged in more meaningful activities. Benefits also extended to the whole nursing home community as the creative storytelling nurtured relationships between residents and staff; establishing a community atmosphere with everyone working together. Bringing people together for a meaningful, relationship-centred activity not only promotes social inclusion for older people with dementia, but could also prove beneficial in other residential settings, with other cohorts of older people and using different arts-based activities. The authors suggest the potential of TimeSlips to facilitate transformative learning for care staff, helping them to reflect on and transform their perspectives of and actions towards the older people they work with. Indeed, George et al. (2011) reports on the use of TimeSlips by American medical students, who co-author a collective story with a group of residents with dementia in a retirement community. In an open-ended question course evaluation, students reported enjoying the program and having creative interactions with residents. The paper mostly focuses on the impact on students and their attitudes towards older people as opposed to the impact on residents themselves, but the article does report that the program aided the interaction between the students and the residents. It also improved attitudes of students towards patients with dementia.

Guzmán-García et al. (2013) in their systematic review of the literature related to older people with dementia living in care homes engaging in dance activities, also found across the studies reviewed that dancing increased social interaction and communication between residents and staff as they had the

opportunity to share the enjoyment of dance (for example, Hokkenan et al., 2003, 2008; Palo-Bengtsson and Ekman, 1997, 2002; Palo-Bengtsson et al., 1998; Duignan et al., 2009; Guzmán-García et al., 2012).

3.2.3 Creative and visual arts

Three studies considered the role of visual art in strengthening social and caring relationships between older people and their carers. Firstly, The ‘Coffee, Cake & Culture’ programme in Manchester also helped to change the perspectives of care staff when visiting an art gallery and museum with the older people they care for in a home or supported living facility (Roe et al., 2014). In addition to helping to develop friendships between residents, friendships were also developed between residents and care staff. Participating in creative activity together helped care staff to see the older people in a different and social context and the art created was subsequently used to trigger conversations and memory after the visit. This promoted wellbeing, social engagement, learning, social inclusion and creativity for both residents and care staff. Secondly, MacPherson et al. (2009) explored a six-week programme of weekly visits to the National Gallery of Australia for 15 people with dementia from both the community and eight from residential care settings. During the visits, educators from the gallery facilitated discussions on different artworks each week. Findings from observations and focus groups with participants, carers and educators indicated that the artwork helped older people to engage in social contact and interaction; 84% of participants were classified as ‘engaged’ or ‘very engaged’ during week one, and this significantly increased throughout the programme. Although these positive effects did not last beyond the period of participation, the activity also impacted on the educators at the gallery who gained understanding and confidence in working with people with dementia, allowing greater recognition of their capacities. This again has implications for engagement with care staff or other service providers that older people with dementia may come into contact with. Thirdly, Wikström (2003) investigated the experiences of six care staff members who were trained in using visual art as a tool for engaging in conversation with the residents of a nursing home in Sweden. The role of the health professional was to support and encourage the elderly person to combine earlier memories and experiences with new impressions from the paintings. The elderly person decided how to interpret the painting and the direction of the conversation. Over four months, the care staff kept diaries to reflect on their

conversations, each lasting 15 minutes. Analysis of the diaries revealed that with the stimulus of paintings, dialogues flowed and changed over time around various topics that included the experiences of the older people, whereas those in the control group stayed focussed on the everyday and sometimes struggled for conversation topics. Engaging older people in visual artwork conversations became a part of professional nursing care and generated a stimulating work climate, as well as helping to establish a meaningful and closer community spirit. The authors suggest that health professionals realised the importance of listening through visual artwork conversations as they reported that “the elderly persons took an active part in the conversations,” and “many times the elderly persons took the initiative and directed the topic to be discussed” (p.187).

3.2.4 Various arts activities

An interim report conducted at Royal Holloway university (2014) used quantitative methods to evaluate the ‘Reminiscence Arts and Dementia Care: Impact on Quality of Life’ programme designed and delivered by Age Exchange in care settings. Amongst other findings around general wellbeing and quality of life, the evaluation demonstrates that reminiscence arts is able to support different types of interactions and connections between people with dementia and their carers in a range of social spaces. There was also potential for these effects to improve relationships beyond the arts sessions and contribute to a relationship-centred approach to care that recognises the care home as a community including residents, staff, friends, family and visitors.

3.2.5 Training for care staff

In some cases this theme was approached from the angle of training for care staff. For example, Guzmán et al. (2016) highlight the need to improve staff training in care homes, particularly around communication between staff and residents. They studied a staff training programme that used positive psychology and a ‘creative care’ approach with film and theatre elements and found that as a result, staff developed more positive attitudes towards residents and used theatrical techniques to promote more social interactions. O’Morain and Leahy (2007) reviewed the ‘Arts in Care Programme’ developed by Age & Opportunity in Dublin, which took an innovative approach to this problem by training care staff in arts delivery and facilitation rather than relying on professional artists. The

accredited training for care staff aims to increase the sustainability of arts provision without the need for additional funding, whilst also helping it to become intrinsic to care and part of the existing relationships within the care setting. “Training staff created an opportunity, not only to offer an extra dimension to the life of residents, but also to contribute to a culture of creativity throughout the entire care centre” (p.8). It led to staff organising social events for residents. In addition to new skills and opportunities for the personal development of staff, they found it rewarding to see the residents engage with the arts and with each other in new ways. Moreover, the arts activities transformed the relationship between the residents and staff, helping staff to empathise with the older people and change their care approach accordingly.

3.3 Older people building and engaging in the wider community

The final theme considers the literature that reports on older people engaging in or with the wider community and participating in community building. This includes both older people who are still living in the community but may be at risk of social isolation and loneliness, as well as older people living in residential care.

3.3.1 Music-based activities

As with the other themes, music was one of the art forms that facilitated older people to engage in and with the wider community. Creech et al. (2013b) conducted a literature review and case study mainly focusing on the impact of music on wellbeing and quality of life, but makes some reference to the impact on social networks. The case study looks at the ‘Music for Life’ project, which investigated the social, emotional and cognitive benefits of community music-making amongst older people. Three sites in the UK offered musical activities for older people (aged 50 to 93) including: singing in small and large groups, rock groups, and classes for guitar, ukulele, steel pans, percussion, recorder, keyboard, and music appreciation. A control group was made up of individuals attending language classes; art/craft classes; yoga; social support; a book group; and a social club. A mixed-methods evaluation was conducted with 338 older people involved. In addition to statistically significant improvements in measures of well-being for the musical activities group participants, they also found that participants reported various social benefits including a sense of belonging and of playing a valued and vital role

within a community. Habron et al. (2013) conducted research into the possibilities for individual and group music composition as an occupation for older people to enhance wellbeing. The sample consisted of three older people from the local community and three older people living in a residential care setting where music composition activities involving a string quartet and a professional composer from Manchester Camerata took place. Through working together, participants felt a sense of belonging and friendships developed across the divide of those living in the care home and those living in the community. The authors discuss the importance of engaging older people at different stages of the ageing process to promote relationship and community building for all. Placing music in the context of older people living in residential care, the book chapter 'Songwriting and transcending institutional boundaries in the nursing home' written by Allison (2008) which has previously been described in relation to earlier themes, describes case studies of song-writing groups in a nursing home facilitated by a composer, with 30-40 participants with an average age of 87. Across the case studies the author reports that the groups fostered feelings of community and togetherness and created a sense of neighbourhood. Song-writing enabled residents to remain productive members of society and to create a sense of community that transcended their everyday lives. In one example of a performance at a synagogue the author described boundaries disappearing and engagement being enabled with a larger community than just the home, with people from 'inside' and 'outside' coming together and engaging. Likewise, the 'Sweet Tonic' singing-based participatory arts initiative which culminated in a concert showcasing the achievements of the participants, was reported by participants to increase their level of community-based activity and had increased their social outings (Lally, 2009).

As previously mentioned in relation to earlier themes, Coffman and Adamek (1999) conducted a survey with members of a volunteer wind band for retired senior citizens aged 55 and over in America. In addition to earlier reported findings, 43% said participation influenced involvement in neighbourhood or community activities either moderately or very much and 24% said it influenced their relationship with relatives either moderately or very much, demonstrating effects not only on social relationships but also engagement with the wider community. Similarly, Dabback (2008) explored identity construction and revision in later life through participation in the Rochester New Horizons Band, a

professionally led group instrumental music programme. Of 100 members, 22 took part in focus groups that generated qualitative data around the social interactions and networks experienced within the group. The findings show how identities are formed not only based on the musical skills acquired, but also negotiated through the social dynamics of the group. Participation in the band led to new friendships and strengthened existing relationships, and these relationships are considered as equally important to the music-making, providing vital support through life events associated with older age. The band also performs in various settings, including for other older people in nursing homes and assisted living facilities, which helped members to connect with and contribute to the wider community.

Also mentioned earlier, one study compared participation in musical activities with participation in other activities, such as languages and yoga (Hallam et al., 2012; Creech et al., 2013a; Varvarigou et al., 2012). These studies also found that through participating in music making activities, older people were able to give something back to the community in the form of performance in schools and residential care settings. This not only fostered intergenerational relationships, but also engaged older people living in care settings who are often cut off from the community.

Finally, in a qualitative case study of a community choir in Australia, Langston and Barrett (2008) consider the potential for community music to foster social capital. Choir members were aged between 49 and 84 and were mainly retired (reported in the doctoral thesis by Langston in 2008, on which the aforementioned paper is based). Through a survey, field notes, and semi-structured interviews, indicators of social capital that reflect those identified in wider literature in the field of social capital were identified, including trust, shared norms and values, civic and community involvement, networks, knowledge resources, and contact with families and friends. Additionally, fellowship was found to be a fundamental factor for some choir members, evolving from trust and generating further trust, friendship, mutual support, collaboration and the development of relationships. The authors conclude that “Choirs that embody strong community connection, individual autonomy, bonds and fellowship greatly enhance the chances of successful creation of social capital, by binding together people of similar interests and backgrounds to create an environment of mutual cooperation, friendship and goodwill” (p.133).

3.3.2 Theatre and dance activities

Moving on to theatre, a study by Pyman and Rugg (2006) comprised a qualitative evaluation of a community theatre group in the UK. Eight members of the group (all aged 60 and over) took part in interviews. The relationships that resulted from participation in the group were described as central to their experience of personal enrichment. The experience was one of feeling personally valued, welcomed, supported and encouraged in trying out newly-acquired skills. Reciprocity in relationships was emphasised. The development of new friendships within the group was described. Additionally recreating a sense of community spirit was seen as important. Making a connection with the local community by way of audience appreciation was also valued on both an individual and a collective level. Participants' involvement generally presented opportunities to engage in wider social arenas as their networks grew. Bernard et al. (2015) examined the connection of older people living in the community to the New Victoria Theatre in North Staffordshire. Although they focus on the experiences of older people who have existing relationships with the theatre, the case study found that theatre and drama can promote the participation and inclusion of older people by bringing together intergenerational community members. Moreover, the subject of the drama performance can provide different representations of ageing and associated life transitions such as retirement and bereavement, and in doing so can challenge stereotypes of older people and facilitate social connection between older people and the community.

Savin-Baden et al. (2013) also found an important role for participatory drama in developing relationships for older people in their evaluation of the Creative Gymnasium project delivered by the Belgrade Theatre, Coventry. Drama and arts activities were provided to people aged 50 plus in community and residential settings. Qualitative data showed that participants developed a new and broad set of relationships not only with their peers and family members, but also with the wider community, with participants having something new to talk to family members and other community members about.

In terms of dance, Cooper (2002) conducted a qualitative ethnographic study over one year of social dance groups for people aged 60 and over. Researcher participation, observations, filming and 31

interviews were conducted across three different sites in London and Essex offering ballroom or modern sequence social dance. In addition to themes of continuity within change, enjoyment free of commitments, and a sense of worth and achievement, participants valued the social support network accessed through social dancing and the sense of community spirit in the dance hall. Another dance programme in Nottinghamshire called ‘Young @ Heart’ specifically aimed to tackle the social isolation of older people in a rural community. An evaluation by Stacey and Stickley (2008) using observations and interviews with 8 female participants found a range of benefits, including the intrinsic value of emotion, confidence, stimulation and personal development. In addition, the instrumental value of group engagement, group recognition and future visions of the group were also identified; group members provided company, friendship and a sense of belonging within the community, which may help to address problems of social isolation.

3.3.3 Creative and visual arts

Reynolds (2010) found through a qualitative exploration that visual art-making not only promoted mental well-being, but also promoted feelings of connectedness with wider physical and social worlds amongst older women (aged 60-86) living in the community. During semi-structured interviews, the older women reported that art-making enabled them to maintain reciprocal relationships with friends and family, and their social connections were valued for being on equal status rather than implying dependency, as they were based on mutual interests and shared topics of conversation. The art-making also allowed them to feel like continuing valued members of society and the women reported enjoying validation from others.

3.3.4 Various arts activities

The remainder of the studies under this theme considered programmes and activities that included a wide range of art forms, and therefore discuss the arts more generally. For example, Liddle, Parkinson and Sibbritt (2013) consider participation in arts activities by older Australian women within the social context, based on the comments from 114 women through the Australian Longitudinal Study on Women’s Health and in-depth interviews with 23 women. This qualitative data revealed that participation in arts activities was often influenced by existing friends and family, but also offered

opportunities for forging new friendships and continued participation developed a shared identity and strengthened social connections. The women were able to contribute to their families and communities and were recognised for the contributions they made. Furthermore, in some cases the older women used the arts to support charitable causes and made valued contributions to wider society. The authors suggest that “Passing on these items to others, as well as sharing their knowledge and skills in arts and crafts, also touches on notions of generativity, where there is a concern for the welfare of subsequent generations” (p.335). This concern for subsequent generations and society as a whole is also evident in Murray and Crummett’s (2010) participatory arts action research study on part of the ‘CALL-ME’ project, which aimed to investigate the connection between community arts activities and the material and psychosocial worlds of the older residents in a disadvantaged urban community. Ethnographic data with 11 older people considered ‘at risk’ of social isolation revealed social interaction as their primary reason for participating in the community arts activities. However, the authors also claim that “community arts can be both personally and socially transformative” (p.778) by bringing people together and creating a sense of identity and belonging that allowed older people to challenge the negative social representations of outsiders and begin rebuilding their community for the future.

Vogelpoel and Jarrold (2014) investigated the possibilities for the social prescribing of participatory arts activities to older people with sensory impairments. After a 12 week programme, data from mixed methodology including interviews, observations and quantitative psychological wellbeing scores with 12 participants indicated increased self-confidence to participate and collaborate; reduced social isolation, which is a particular concern for older people with sensory impairment; establishment of new friendships based on shared interests; and a greater sense of belonging and group cohesion between people experiencing similar life challenges. The authors state that: “Participation in arts programmes has the potential to avert crises of loneliness and isolation by enabling older people to get in touch with each other, with services, their communities and their own creativity and in a way that is not care/support resource heavy. By using and extending the existing networks of support and arts provision into a more integrated health and support system for older people, there is much to gain socially, financially and individually, for a significantly and exponentially growing cohort of people” (p.48).

Indeed, Greaves and Farbus (2006) researched the outcomes of the ‘Upstream Healthy Living Centre’ intervention, which used mentors to engage socially isolated older people in creative activities in their communities. Qualitative data from interviews with 26 participants, five carers and four referring health professionals expanded on quantitative data from questionnaires indicating that psychological benefits were intertwined with increased social interaction and the perceived quality of those interactions. This led to increased social networks and mutual support that in turn improved both psychological and physical wellbeing.

The earlier mentioned ‘Arts in Care Programme’ (O’Morain & Leahy, 2007) which trained care staff in arts delivery and facilitation, was also reported to create links with the wider community; engaging friends, family and local school children in the activities and connecting with community arts initiatives. This went some way to tackle the social isolation often felt by residents and even some care staff.

Finally, two larger scale arts initiatives were also covered in the literature. The first was the ‘Arts, Health and Seniors’ programme in Vancouver, Canada (Moody and Phinney, 2012; Phinney, Moody and Small, 2014), which provided community-engaged arts to community-dwelling seniors (aged 65 and above) considered “at risk” of social isolation, and its impact on participants’ social inclusion. Professional artists collaborated with participants to create an aesthetic product or performance which addressed a relevant community issue, and a performance or work of art was presented in a public venue to further engage with, and be appreciated by, the wider community. The skills, abilities, and expertise of the artist, along with the individual knowledge, creativity, and life experience of participants were all valued in the art-making process. An ethnographic evaluation (including observations and interviews) from Moody and Phinney (2012) revealed that the programme helped participants to feel that they had something important to contribute to the broader community that was worthy of recognition; provided an opportunity for the seniors to build relationships across generations, making new connections with young people in their neighbourhood and enriching and strengthening their connections with younger family members; allowed them to make connections with other artists; and supported and enriched connections between the group of seniors themselves. Although some participants did not always want to be involved directly in art making, they still contributed to the

community experience and held a valuable role within the group. In summary the findings suggest that the program fostered three important and interconnected social processes that may influence social inclusion: through the program the participants were able to expand their community connections with various community members including their family and neighbours; the seniors developed a meaningful role that was important for them, one of contributing to the community through the creation of art; and through working together towards shared goals, the participants became a more cohesive group. Phinney, Moody and Small (2014) extended this work by conducting a mixed-methods evaluation of the Arts Health and Seniors programme, using pre- and post- questionnaire measures and group interviews. The findings identified six main themes, including promoting social involvement and making a meaningful contribution, which allows older people to engage in the community as full and active members. The participants reported a sense of cohesion, belonging and commitment to each other, which helped them to form a collective identity within the group. They also talked about becoming more socially connected to members of the wider community due to their confidence to initiate conversation and the opportunities for interaction with people from different cultures when bringing their art into public spaces. This culmination of factors highlighted that older people had “something to say, and somebody who might want to hear it” (p.342).

The second larger scale arts initiative was the ‘Bealtaine Arts Festival’ in Ireland that celebrates creativity in older age. The festival provides opportunities for older people to meaningfully participate in a wide range of arts activities and also engages local authorities, libraries, educational institutions, health and social care organisations, and voluntary bodies for older people. O’Shea and Léime (2012) reflect on the findings from quantitative and qualitative analysis of large scale postal surveys with both organisers (43% of 435, approximately 187) and consumers (253) of the festival as well as interviews with older participants, artists and organisers (26). Significant benefits in terms of social and community networking were identified: 95% of older people agreed that ‘participating in Bealtaine means that I have got to know people I wouldn’t otherwise have met’ and 87% agreed that ‘participation in Bealtaine had increased their level of involvement in their community’. All participants reported that Bealtaine facilitates the formation of new and lasting friendships, allows older people to make connections with

others who have similar interests, and also offers the opportunity to meet people they would not otherwise have met, such as local young people through intergenerational projects. Organisers also note that Bealtaine increased levels of interaction for residents in care settings. Furthermore, Bealtaine helped to break down barriers for isolated older people in care settings by holding exhibitions and events in these places and connecting them with the local community to build a more reciprocal relationship. Older people were more aware of what was happening in the community and more likely to get involved and even organise further events or arts groups themselves. Overall, this contributed to greater social cohesion through increased social connection and social capital, and the social inclusion of older people in the local community. The authors acknowledge the need for further evidence of the benefits of the arts for the health and wellbeing of older people, particularly intervention studies that shed light on the mechanisms that mediate this relationship. They advocate for public policy that recognises the importance of creativity in older age and the possibilities for the arts to strengthen health and social care services for older people.

4. Key points and conclusion

The studies included in this review have all in some way identified an impact of participatory arts on the social relationships of older people; whether with peers, between older people and care staff/caregivers, or engaging with the wider community. The volume and vast range of these studies suggest that this impact could have implications for reducing loneliness and social isolation for older people in an increasingly ageing population. There are a number of key points that have emerged from the findings:

4.1 The arts cultivating social relationships between older people

- The literature in the first theme point towards an underlying process by which participatory arts cultivates social relationships: arts activities create opportunities and a safe space for shared experiences and meaningful interaction; interactions around shared interests and collaboration in arts activities allows deep connections and reciprocal relationships to develop; working together towards shared goals generates a sense of cohesion, commitment, and belonging between peers.

4.2 Strengthening social and/or caring relationships between older people and care staff/caregivers

- The literature in the second theme suggests that participatory arts in care settings can promote emotional bonding, shared conversations and experiences, and facilitate a deeper understanding between older people and care staff/caregivers, which allows them to negotiate more equal and reciprocal relationships. It can also bring people together and establish a community of care that values all community members and is relationship-centred.
- The use of participatory arts with older people is also relevant to care staff/caregiver training and development as it can facilitate transformative learning, helping staff to empathise with older people, reflect on their practice and attitudes, and adapt their care accordingly (e.g. O'Morian and Leahy, 2007).

4.3 Older people building and engaging in the wider community

- The literature in the third theme demonstrates how participatory arts enables older people to make a connection with the community, make a meaningful contribution to the community, and be recognised for that contribution (e.g. Sibbritt, 2013; Moody and Phinney, 2012). This helps older people to feel socially connected to and a valued part of the community and can begin to address issues of loneliness and social isolation.
- By developing and maintaining social relationships and engagement with the community, participatory arts can also be seen to generate a vital social network of support - or social capital - that has the potential to assist through challenging life events associated with older age, such as retirement, bereavement, health deterioration, social isolation (e.g. Langston and Barrett, 2008).

4.4 Overall key points

- There is a substantial portfolio of programmes and initiatives that are engaging older people in participatory arts and highlighting the positive impact on health and wellbeing - as well as social relationships - for increasingly ageing populations.
- Participatory arts can bring all sorts of people together for a common and enjoyable purpose - across generations and cultures and inclusive of older people who are socially isolated or

otherwise vulnerable due to frailty, health problems, or physical/mental problems including dementia and sensory impairment (e.g. Moody and Phinney, 2012).

- There is a vast range of approaches to participatory arts with older people, including different types of arts activities, different settings across various countries, and different groups and compositions of people. Although this makes evaluations, comparisons and generalisations difficult, it provides a wealth of insight for this exploratory review.
- Participatory arts can present different representations of older people, ageing and associated life transitions, and demonstrates older people's capacity to create. In doing so, it challenges negative age-related stereotypes (e.g. Bernard et al., 2015), and Murray and Crummett (2010) claim that "community arts can be both personally and socially transformative" (p.778).
- The role of the facilitator was often identified as a fundamental factor in the success of older people's engagement with participatory arts, and the subsequent social benefits. For example, Davidson et al. (2014) found that the social skills of the facilitator helped to put older people at ease, while Bicknell (2014) emphasised the need for the facilitator to encourage and support lasting friendships beyond the arts programme.
- One vital consideration in using participatory arts to address loneliness and social isolation is how to initially reach and engage with older people who are already extensively socially isolated, or those who are house-bound or unable to access participatory arts opportunities.
- A number of innovative approaches do exist that tackle issues of how to involve older people with wide-ranging needs and circumstances in participatory arts. For example, social prescribing of arts activities (e.g. Vogelpoel and Jarrold, 2014), local arts festivals that engage various organisations and take a number of approaches to provide a whole spectrum of opportunities (e.g. O'Shea and Léime, 2012), pairing older volunteers trained in arts facilitation with socially isolated older people in rural communities (MacLeod et al., 2016).
- Some of the literature made explicit reference to the impact of participatory arts on the social isolation of older people, but there was little mention of loneliness as an issue to be addressed. This

may reflect the current discourse that focuses on social isolation, but is an interesting observation that deserves further consideration.

Vogelpoel and Jarrold (2014) state: “Participation in arts programmes has the potential to avert crises of loneliness and isolation by enabling older people to get in touch with each other, with services, their communities and their own creativity and in a way that is not care/support resource heavy. By using and extending the existing networks of support and arts provision into a more integrated health and support system for older people, there is much to gain socially, financially and individually, for a significantly and exponentially growing cohort of people” (p.48).

The majority of the literature in this review did not take social relationships as their primary research interest, but focused on the impact of participatory arts on the health and wellbeing of older people. Nonetheless, given the number of studies included in this review, impact on social relationships is a clear and valued outcome for older people. This scoping review of the literature brings together some of the evidence in this area from across the arts and in both care and community settings. However, in order to build a more robust and comprehensive argument for the impact of participatory arts on the social relationships of older people to address issues of loneliness and social isolation, further research is required. This research should endeavour to illuminate the specific processes through which participatory arts can initiate, develop, maintain and enhance social relationships between older people and their peers, between older people and care staff/caregivers, and how arts can help older people feel a part of the wider community. A critical reflection on how this in turn affects older people’s feelings of loneliness and experiences of social isolation would be useful to build the case for increased investment in participatory arts for older people.

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